



Step Up Step Down Protocol

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Contents

Section	Page
↘ 1. Key Principles	3
↘ 2. Summary	3
↘ 3. Introduction	4
↘ 4. Definitions	5
↘ 5. Process / Practice – Step Up	7 - 8
↘ 6. Process / Practice – Step Down	8 - 9
↘ 7. Monitoring Effective Application of Step Up/ Step Down	10
↘ 8. Appendix One: Further Examples of Stepping Between Levels	10
↘ 9. Appendix Two: Working with Non-Engagement	11

1. Key Principles

- ↘ Children's needs are met at the lowest appropriate level of intervention.
- ↘ Children's needs are responded to in a timely, proportionate and co-ordinated way.
- ↘ Having gained family consent, information and assessment findings are transferable across services.
- ↘ Effective coordination and communication between agencies.
- ↘ Families benefit from a planned and seamless transition. Handover is timely and there is a prompt response by all; such as early help professionals and children's social work professionals.
- ↘ There are clear roles, responsibilities and accountability for all professionals involved; families understand their responsibilities and in partnership with relevant professionals they agree the steps to improve the outcomes.
- ↘ Assessment and planning is not duplicated.
- ↘ The child and family story is not unnecessarily repeated.
- ↘ The 'Step Up' and 'Step Down' process is acted upon in a timely manner and there is no gap in service provision to families. This protocol ensures that families do not 'bounce' between Children's Social Care and early help services.
- ↘ Children are held safely in the transition from one service/step to another.
- ↘ Professionals are open, explicit and transparent when there is need to resolve disagreement or professional conflict. (See protocol for Resolving Professional Differences in Work Relating to the Safety of Children).

2. Summary

This protocol describes the application of 'Step Up' and 'Step Down' mechanisms across Somerset to ensure a seamless journey for children, young people and their families through services.

The term's 'Step Up' and 'Step Down' are commonly used to describe children moving between levels of need and is used to describe the process by which a child's needs change.

This requires all professionals working with children, young people and their families to be familiar with the approach so that children do not fall between services when there is a reduced or increased level of need. Instead, children are held safely in the transition from one level of need to another. Those agencies involved **MUST** maintain and promote a strength based approach to working with families to help them identify solutions to the challenges they face.

- Early Help should happen as soon as possible when difficulties emerge to prevent problems from becoming entrenched or escalating.

- Early Help is underpinned with Universal Services to identify the need for support at the earliest stage for those families who may need it.
- The development of an effective early help offer is the responsibility of all strategic partners, this responsibility is shared with families and their communities.
- All families will have access to co-ordinated early help corresponding with need as soon as additional support is identified. This support should be personalised, multi-agency, evidence based and embedded within a whole family approach. Children and young people in those families will be supported to live safe, healthy and fulfilling lives.
- Families will become more resilient and develop capabilities to prevent and resolve problems themselves.

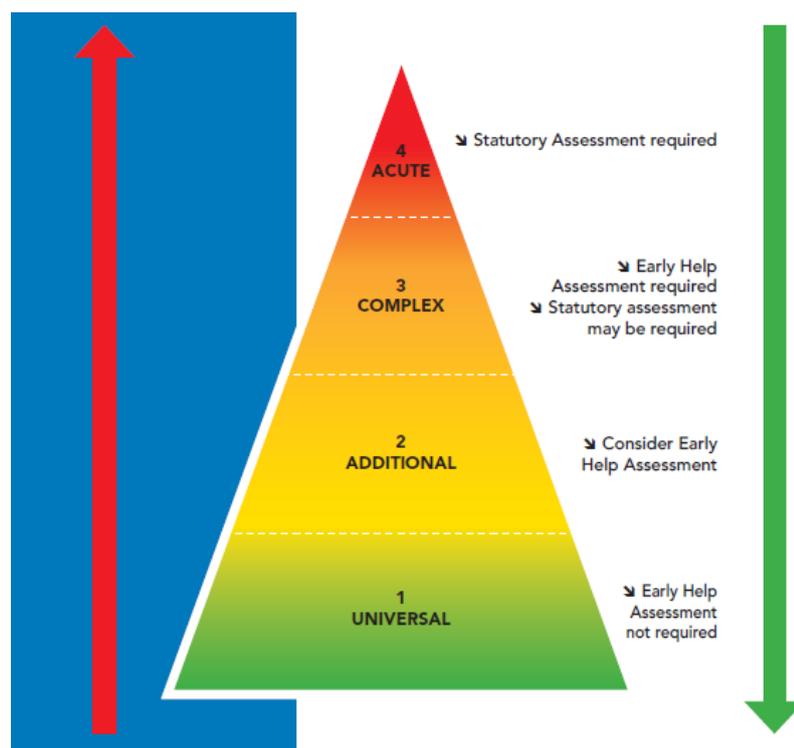
This protocol should be read in conjunction with the Somerset Safeguarding Children Board (SSCB) 'Effective Support for Children and Families in Somerset' – Thresholds for Assessment and Services guidance which can be found on the SSCB website and by following the link below.

www.somerset.gov.uk/sscbthresholds

3. Introduction

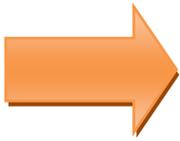
The process of 'Step Up' and 'Step Down' is an extremely important function in a child's journey through services and ensures that children, young people and their families engage with consistent, seamless support, at the right time and from the right range of professionals.

The child's journey through universal, additional, complex and acute levels of need is one that all agency partners wish to ensure is as smooth and time limited as possible. The 'Step Up' / 'Step Down' process is intended to maintain children at universal (Level 1) and additional (Level 2) as much as possible by ensuring early intervention is provided in a timely manner, and any 'Step Up' to complex / specialist provision is only agreed when a child's needs cannot be met at the lower level of the continuum of need.



4. Definitions

4.1 Step In:



'Step In' is when an additional service is required to meet an identified need in a Team Around the Child (TAC) action plan and the service is asked to join the existing process. The Lead Professional will ensure that the service 'stepping in' provides the required support, however the overall identified need remains at the same level as set out in the [SSCB thresholds guidance](#). It is important to remember that an additional need or an agency stepping in does not necessarily mean the child and family threshold level has changed.

Below are examples of when this may apply:

A child is being supported by level 2 services (Parent Family Support Advisor) to improve their behaviour and self-esteem. One of the parents then experiences significant mental health difficulties, and this is impacting on their ability to meet the child's basic needs. Despite this increasing the level of need to level 3, it was not deemed necessary for a level 3 services to become involved for the child, as adult mental health services are supporting the parent. The child had already built a relationship with their current worker who was aware of the current situation. A Team Around the Child (TAC) meeting was held, and it was agreed by all professionals present that the family's needs can be met without introducing level 3 services for the child.

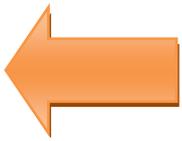
A mother has recently left a domestically abusive relationship; however, the perpetrator of abuse is still in contact and knows where they are living. The DASH score indicated a medium risk, evidencing needs at level 3 using the Effective Support for Children and Families in Somerset guidance. The level of risk and support regarding the domestic abuse could be provided by Somerset Independent Domestic Abuse service (SIDAS). The outstanding needs for the family include support for housing and finances which can be met by a level 2 service, e.g. getset.

Below is an example of when 'Step In' would be required:

To support partners in managing work appropriately at Level 3 of the thresholds guidance, Children's Social Care (CSC) can, if appropriate, offer any agency leading a Level 3 TAC meeting, the opportunity to request a social worker to attend the next TAC meeting to ensure the application of threshold is correct and that the plan is correct to support and address any increased needs. This 'step in' would involve:

- The nominated social worker will provide advice and guidance to the Team Around the Child (TAC) team about how to focus the plan on the key issues. If the situation does not require step up to CSC the social worker will support the TAC team in the development of an 8-week plan and 'step out'. If the nominated social worker identifies at the TAC meeting that the level of need meets a lower or higher threshold, the nominated social worker will advise the team of their opinion and request that the child is referred to the appropriate agency by the Lead Professional.

4.2 Step Out:



'Step Out' occurs when a service with an action in a TAC plan has completed that action satisfactorily and the family no longer require that support. The service will then step out of the process. The overall identified need remains at the same level as set out in the SSCB thresholds guidance.

Note: Lack of engagement by a family or failure to keep appointments is not a reason for a service to 'Step Out' of a TAC process. The professionals supporting the family should review their approach to working with the family and consider whether an alternative approach or more realistic and achievable goals are required to effectively work alongside the family to achieve the desired outcomes. The professionals supporting the family should identify and establish clear, understandable and measurable outcomes and take action when outcomes are not achieved within agreed time scales.

If engagement with the family is no longer possible then a risk assessment will be required to determine if 'Step Up' to the next level of the SSCB thresholds guidance is necessary. If families refuse to engage, the relevant professional / agency should consult with their organisational safeguarding lead to be proportionate in their consideration of the impact of parental non engagement on the child. Professionals MUST be mindful that families have the right to refuse professional support, and that their refusal to consent to professional intervention is not reason enough to escalate to statutory services.

Disguised compliance is very common, it occurs when parents/ caregivers want to draw the professional's attention away from allegations of harm.

Disguised compliance can make it very difficult for practitioners involved with a family to maintain an objective view of progress. It has often led to the prevention or delayed understanding of the abusive experience for the child, leading to child being unseen and unheard.

There are indicators that can help practitioners to spot disguised compliance. These include: no significant change at reviews despite significant input; parents agreeing with professionals about required changes but putting little effort into making those changes; and parents who only engage with certain aspects of a plan or after dealing with outright hostile parents, professionals can be easily lulled into a false sense of security and progress when working with parents who change from hostile to welcoming.

4.3 Step Down:



Step Down: describes the process that occurs when challenges experienced by a child, young person and their family have been addressed, the objectives within the plan for the family have been met and the identified level of need has moved down.

'Step Down' is a crucial facet of practice to prevent re-escalation and re-referral. It is important that professionals work together to develop a plan that will sustain positive progress to improve outcomes for children. Below are examples of when 'Step Down' would be required:

- 'Step Down' can occur following an Early Help Assessment (EHA) (including the multi-agency request tool) and TAC process. If issues have been addressed satisfactorily and the needs have been met the case can step down to lower level provision.
- 'Step Down' can also occur within statutory frameworks. An example of this is when a child, young person and their family have been subject to a Child Protection Plan and risk has diminished as the child and family have made positive progress. In this instance 'Step Down' to a 'Child in Need' (with a TAC approach initially led by Children's Social Care (CSC) would occur when a Child Protection Plan is no longer required. Here, 'Step Down' would mean that the case remains within a statutory framework until it is agreed that the child, young person and family's needs can be managed using a TAC approach without CSC involvement.

4.4 Step Up



Step Up: can occur at various points across the child's life. 'Step Up' describes the process of supporting children and families when additional, escalating need occurs. Below are examples of when Step Up would be required:

- A child engaging with universal provision can require an EHA because additional unmet needs are identified. A professional working with the family should complete an EHA if they consider that there are increased needs additional to universal services.
- 'Step Up' can also occur to specialist services when children's needs are escalating and outcomes are not being met, despite intervention through the EHA and TAC process.

5. Process / Practice – Step Up



5.1 Step Up from Universal provision (Level 1)

When stepping a case up because there is evidence of additional need (not of a child protection nature) it is important to discuss this in the first instance with the parent/carer and if age appropriate, the child to gain the appropriate consent. This discussion should involve a description of the EHA process and how it can help and support families who require some extra support or intervention.

In instances of 'Step Up' from universal provision an EHA should be considered and completed with the family and relevant professionals. The family and relevant professionals from the universal and additional provision should discuss how best to support the family, through the TAC process.

When the child is of school age it is always important to encourage discussion between lead professional, parents/carers and schools as it is vital that the school is aware of any issues that are impacting on the child, so that appropriate support can be offered in school and if the school cannot meet this need alone, it can be discussed at a Team Around the School multi-agency meeting.

Where other services/agencies are required to support the child and family it is important to discuss this with the parent/carer and then discuss this with the relevant service(s). This dialogue is crucial to broker the best possible support for children and families.

Other relevant services/agencies should be invited to contribute to and support the EHA and TAC process.

5.2 Step Up from EHA (Level 2 / 3)

Examples for the Step up and down process

A step-up request can be made to a service if you identify using the Effective Support for Children and Families Document (threshold) that the child, young person or family's needs have increased to level 2, 3 or 4. You would therefore be stepping up to a service to ensure the right support is made for the family.

When the needs for the child, young person or family have increased, but you are unsure if a step up is appropriate you can request a step in. This will create opportunity for the relevant service to attend a Team Around Child (TAC) meeting to contribute to the review of the child's plan by offering;

- Advice and guidance
- Further step in/ review
- Active intervention

Note: Step in requests are agency specific. Professionals are advised to contact the specific agency to request a step in.

Dialogue with CSC is always welcomed and Lead Professionals / Organisational Safeguarding Leads can telephone the Consultation Line (0300 123 3078) or, if the child is at immediate risk of significant harm, refer immediately through Somerset Direct (0300 123 2224). Information and frequently asked questions regarding the consultation line can be obtained by following the link. www.somerset.gov.uk/sscbthresholds

Where a case already open to getset is referred to CSC because of concerns regarding significant harm, getset will remain involved whilst CSC undertake their safeguarding enquiries. This will provide continuity of service for the child and family, if the outcome of the enquiries concludes that they are appropriately supported by getset intervention. Where CSC assesses that there are on-going safeguarding concerns which require social care intervention, CSC will become the lead agency.



6. Process / Practice – Step Down

When children, young people and their families are engaged with a statutory intervention, and the family have progressed positively, it is important that the progress made is sustained and that children and families do not feel that they are being passed from 'service to service'. The 'Step Down' process enables relevant professionals from CSC and a range of other services to support the intervention plan appropriately. EHA and TAC are crucial to the step-down process as it enables the effective planning and monitoring of cases once statutory services 'step out' of the TAC process.

6.1 Step Down from CSC Statutory Children and Families Assessment (Level 4) to the EHA

When issues affecting the child and family no longer require statutory involvement it is important that good progress is sustained. Effective dialogue between the Social Worker and the future Lead Professional is crucial to pave the way for a seamless transition for children and families. When CSC 'step out' of a case, communication is important to gain agreement on who the Lead Professional will be and this should be recorded clearly.

6.2 Step Down from CSC First Response Team following submission of EHA

Once the Early Help Assessment which includes the multi-agency request tool, has been received by the First Response Team, the Social Worker will complete written analysis and outline what activity/intervention is required to support the child and family as the threshold for statutory intervention is not met. The responsibility to complete or update the EHA then reverts to the original referrer. This is managed through the TAC process noting the following principles:

- Where a Lead Professional hasn't been negotiated, the original referrer will be identified as the Lead Professional.
- The Lead Professional will be contacted and a request made to complete/update the EHA within 20 working days.

- The Lead Professional will be advised of the First Response Teams' analysis / outcome, and what additional services could offer support to the EHA and TAC process.

Important - Where the original referral was from the Police, Accident and Emergency or the Ambulance Service and an EHA recommendation was made, the Lead Professional will be identified by the Social Worker who has completed the First Response analysis.

6.3 Step Down at point of CSC Statutory Children and Families Assessment completion and TAC meetings have been convened by CSC

When CSC make the decision to 'step out' of a case following a full statutory assessment the Social Worker should discuss the 'Step Down' of a case with the key stakeholders and negotiate a Lead Professional to take over coordination of the case.

The CSC statutory assessment can be used as the document to inform the TAC action plan as this would further reduce the need for duplication for the family and professionals involved. The emphasis should be on the family to drive and inform the on-going intervention and plans to meet any identified needs.

The identified Lead Professional coordinates intervention using the agreed TAC action plan. The EHA and TAC plan should be regularly updated to reflect activity and intervention that improves outcomes for children and families.

6.4 Step Down from EHA to Universal provision:

When all issues have been addressed satisfactorily and the child/family no longer requires support, the EHA should always be closed by completing the relevant section of the EHA to evidence the positive outcomes for the child and family.

Monitoring Effective Application of Step Up / Step Down

All partner agencies are responsible for monitoring the effective application of Step Up Step Down within their agency. Reports will be requested by the Quality and Performance sub group of the SSCB as part of their annual work programme to provide information about the effectiveness of early help across the partnership.

Appendix One: Further Examples of Transition Between Levels of Need

Examples of step in/up

A 14-year-old child is discussed at a Team Around the School Meeting due to concerns about attendance, emotional health and wellbeing and parental mental health. All professionals at the meeting agree that concerns are continuing to increase with the level 2 support in place. The professionals consider the Effective Support for Childrens and Families document and agree that the case now reached the level 3 threshold and getset is identified

as the appropriate service to work with the family. The Lead Professional for the family submits an Early Help Assessment to the early Help Hub requesting getset level 3 support.

A Parent and Family Support Advisor (PFSA) for a school has been working with a family for 6 months. She is concerned that advice and work she is completing with the family is not being followed and is concerned about the impact this is having on the child. The PFSA sends a request for a level 3 step in to the Early Help Hub and a getset level 3 representative attends the next Team Around the Child meeting. At the meeting the professionals consider the Effective Support for Childrens and Families document and agree that the case remains in the level 2 threshold and there is no current role for getset. The plan for the family is reviewed and a date set for the next Team Around the Child Meeting.

The Team Around the Child professionals for a family currently being worked at level 3 on the threshold due to domestic abuse. The professionals working with the family are concerned that the incidents of domestic abuse are increasing even with intensive support. The Team of professionals agree that the case requires a Step in from Children's Social Care to consider whether the family now meets a higher level of need threshold. A Social Worker is booked to Step in to the next Team Around the Child Meeting and the attending Social Worker agrees that the case reached the level 4 threshold, the case is stepped up to Children's Social Care to complete a Child and Family Assessment.

Example of step down

A family with a 7-year-old child have been receiving support from getset level 3 for an 18-week intervention to support with managing emotions and improving communication between the family and school. At a Team Around the Child meeting the professionals and the family agree that the family's needs now meet a lower threshold and the case is stepped down to level 2 support to ensure the positive changes are sustained. Getset provide a sustainability plan to the new Lead Professional outlining what work has been completed and what needs to happen to sustain change

Appendix Two: Working with and Overcoming Non- Engagement

Professionals need to be mindful of the practice of disguised compliance, this is defined by the NSPCC as;

'Disguised compliance' involves a parent or carer giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.

The NSPCC recommends if you are worried about 'disguised compliance' that you should establish your facts, gather evidence, build a chronology, record the child's perspective and focus on outcomes. This is good and sensible advice. But it overlooks how the system – and the approach of some individual workers – can create understandable parental resistance. It fails to address the questions – what am I doing that might be increasing the parent's resistance and what can I do to change this?

If we only consider disguised compliance and resistance more generally as an individual characteristic, something that 'bad parents' do, then we avoid having to think about these questions. A common pitfall and an often observed 'solution' to disguised compliance is to close the case. Without the intervention from a service, there is no plan for the parent to comply with and hence no question of whether their compliance is genuine or 'disguised'. Take away the plan and the issue of disguised compliance goes with it. This hypothetical

argument demonstrates that disguised compliance and resistance result from the situation rather than the individual.

Here are some other things that might help:

- Avoid a direct head-on argument about the behaviour you would like to change (whether this relates to pre-existing concerns, such as alcohol misuse, or the issue of disguised compliance itself)
- Show the parent you understand what they are saying and what life is like for them and their child. Use reflective listening skills and demonstrate empathy
- Talk in a non-confrontational way about any discrepancy you notice between what the parent says about the plan and what you understand to be their wider goals or objectives
- Encourage the parent to come up with possible solutions or alternative behaviours themselves rather than advising or directing them

None of these ideas is a magic wand to transform 'resistant parents' into willing partners. But they do offer the potential for lowering – or at least not increasing – any parental resistance attributable to their relationship with the worker or Team Around the Child. In combination with a focus on outcomes and listening to the child, such an approach should help us to have more reflective and reflexive discussions about parental resistance and the problem of disguised compliance

A Community Care article written by David Wilkins, senior research fellow of the University of Bedfordshire (March 2017)